

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 05/01/2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$105,618,437	+1.3%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) See Filing Memorandum;
(Adopt 1/1/11 Advisory Rates)

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

ACE AMERICAN INSURANCE COMPANY
Name of Company

Steve Kreider – WC Associate Product Manager
Official — Title

FILED

MAY 01 2011

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	5,844,711	+1.3%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) See Filing Memorandum;
(Adopt 1/1/11 Advisory Rates)

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

ACE FIRE UNDERWRITERS INSURANCE COMPANY

Name of Company

Steve Kreider – WC Associate Product Manager

Official — Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	7,572,847	+1.3%
16. Other _____		
Line of Insurance		

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) See Filing Memorandum
Adopt 1/1/11 Advisory Rates

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

ACE PROPERTY & CASUALTY INSURANCE COMPANY
 Name of Company

Steve Kreider – WC Associate Product Manager
 Official — Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	644,790	+0.4%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adopting NCCI January 1, 2011 rates

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

ACIG Insurance Company
Name of Company

Courtney Howerton - Underwriting Operations Manager
Official - Title

RECEIVED

DEC - 8 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

RECEIVED

DEC - 6 2010

ILLINOIS SUMMARY SHEET
FORM RF-3

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 1/1/2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	775071	1.5%
16. Other _____		
Line of Insurance		

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI advisory rates and miscellaneous values, effective 1/1/2011.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Advantage Workers Compensation Insurance Company

Name of Company

Tina Knight, CPCU

Official — Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2011

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Comp</u>	<u>\$516,815</u>	<u>+0.4%</u>
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

na

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI's 01/11 loss costs from circular IL-2010-10.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

FILEDAll America Insurance Company
Name of Company

MAR 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Pol		
14. Crop Hail		
15. Workers Compensation	\$206,191	0.4%
16. Other _____		
Line of Insurance		

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2010-05 and IL-2010-10

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Automobile Insurance Company

Name of Company

William S. PaukovitzSenior Vice President – Chief Compliance Officer

Official — Title

ILLINOIS SUMMARY SHEET FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2011

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	14,467	+0.6%
16.	Other _____		
	Line of Insurance		

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI

Advisory Rates, without deviation, approved under NCCI Circular IL-2010-10 to be effective January 1, 2011.

* Adjusted to reflect all prior rate changes.

** change in Company's premium level which will result from application of new rates.

American Business Personal Insurance Mutual, Inc.

Name of Company

Janice L. Hohenstein, CPCU

Actuarial Analyst

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>16.0 - Workers Comp</u>	\$ 112,532	+2.26%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the NCCI 1/1/2011 Loss Costs and Rating Values with no change to existing Loss Cost Multiplier of 1.30

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

American Compensation Insurance Company

Name of Company

Kimberly Sweeney

Manager of Corporate Compliance & Underwriting Services

Official - Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>16.0 - Workers Comp</u>	\$ 1,510,437.34	+4.12%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the NCCI 1/1/2011 Loss Costs and Rating Values with no change to existing Loss Cost Multiplier of 1.90.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

American Compensation Insurance Company

Name of Company

Kimberly Sweeney

Manager of Corporate Compliance & Underwriting Services

Official - Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

SUMMARY SHEET

FILED

FORM (RF-3)

APR 01 2011

Change in Company's premium or rate level produced by rate revision
Effective April 1, 2011STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(1) Coverage	(2) Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$ 9,021,949	- 7.7%

Does filing only apply to certain territory (territories) or certain classes? No

If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory

Organization, specify organization): Adopt/Delay of NCCI Revision - Circular IL-2010-10.

Change in deviation from +33% to +20%.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will
result from application of new rates.

AMERICAN FAMILY MUTUAL INS. CO.

Name of Company

James P. Meyer

Official - Title

James P. Meyer, ACP, AIM

Senior Pricing Analyst/Filings

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 1/1/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	6,526,580	-0.3%
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adoption of NCCI advisory loss costs and rating values effective January 1, 2011

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

American Guarantee and Liability Insurance Company

Name of Company

Nancy Hoppe, SVP and Chief Pricing Actuary

Official – Title

FILED

JAN 01 2011

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

DEC - 3 2010

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$15,284,834	0.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Home Assurance Company

Name of Company

Walter Murphy

Filings Analyst

Official - Title

H29219D

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$2,952,019	0.4%
16. Other _____		
Line of Insurance		

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2010-05 and IL-2010-10

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

The American Insurance Company

Name of Company

William S. PaukovitzSenior Vice President – Chief Compliance Officer

Official — Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 4/1/2011

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers' Compensation</u> <u>Life of Insurance</u>	<u>\$ 17,252,518</u>	<u>+0.4% (estimated)</u>

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adoption of 1/1/2011 NCCI Advisory Loss Costs with a delayed
effective date of April 1, 2011, to be effective for all new and renewal policies on and after April 1, 2011.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

FILED

APR 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

American Interstate Insurance Company

Name of Company

Mary McManus, Filing Services Specialist

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

FILED

JAN 01 2011

Change in Company's premium or rate level produced by rate revision
effective January 1, 2011.STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>\$616,904 (estimated annual)</u>	<u>0.4%</u>
	<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Adopting NCCI Advisory Loss Costs effective 1/1/2011. Will
continue use of LCM of 1.717.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

American Mining Insurance Company, Inc.

Name of Company

Mike Carney, Assistant VP, Compliance

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	13,232,737	0.2%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
Adoption of NCCI advisory loss costs and rating values effective January 1, 2011

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

American Zurich Insurance Company

Name of Company

Nancy Hoppe, SVP and Chief Pricing Actuary

Official – Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

FILED

JAN 01 2011

Change in Company's premium or rate level produced by this filing effective January 1, 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	952,230	4.6%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

AmGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance, inc., effective January 1, 2011 per IL-2010-07, which reflects an overall increase of 1.5%, for all policies effective on and after January 1, 2011.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

AmGUARD Insurance Company

Name of Company

Jolene Carey, State Filings Representative

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)
SUMMARY SHEET**FILED**

FEB 01 2011

Change in Company's premium or rate level produced by rate revision
effective 02/01/2011.STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	86848	0.4%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Adoption of NCCI rate referenced in IL-2010-05 on 2/1/2011

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Amtrust Insurance Company of Kansas

Name of Company

Submitted by: James Shoenfelt, ACAS

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 02/01/2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>WC</u>	5,690,251	+0.4
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI's 01/01/2011 Loss Cost

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Aronaut Great Central Insurance Company
Name of Company

Stefanie Westerdahl Regulatory Analyst
Official - Title

FILED

FEB 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 02/01/2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>WC</u>	2,107,407	+0.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI's 01/01/2011 Loss Cost

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Aronaut Insurance Company

Name of Company

Stefanie Westerdahl Regulatory Analyst

Official - Title

FILED

FEB 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 02/01/2010

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>WC</u>	796,230	+0.4
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI's 01/01/2011 Loss Cost

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Aronaut-Midwest Insurance Company

Name of Company

Stefanie Westerdahl Regulatory Analyst

Official - Title

FILED

FEB 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$73,220	0.4%
16. Other _____		
Line of Insurance		

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JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2010-05 and IL-2010-10

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Associated Indemnity Corporation

Name of Company

William S. PaukovitzSenior Vice President – Chief Compliance Officer

Official — Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FILED

FORM (RF-3)

JAN 01 2011

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	2,227,834	1.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): NCCI Advisory Voluntary Workers' Compensation Rates

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Badger Mutual Insurance Company

Name of Company

Terry Falls - Workers' Compensation Coordinator

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,173,807	+1.3%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) See Filing Memorandum;
(Adopt 1/1/11 Advisory Rates)

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

BANKERS STANDARD INSURANCE COMPANY

Name of Company

FILED

Steve Kreider – WC Associate Product Manager

Official — Title

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>16.0 - Workers Comp</u>	\$ 177,988	+1.11%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the
NCCI 1/1/2011 Loss Costs and Rating Values with no change to existing Loss Cost Multiplier of 1.60.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Bloomington Compensation Insurance Company

Name of Company

Kimberly Sweeney

Manager of Corporate Compliance & Underwriting Services

Official - Title

FILED

JAN 01 2011

STATE
DEPARTMENT
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>workers compensation</u>	2,268,161	-1.1%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adoption of latest NCCI loss cost _____

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Brotherhood Mutual Insurance Company

Name of Company

Larry Jackson, AVP Research & Development

Official - Title

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FEB 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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DEPARTMENT OF INSURANCE
SPRINGFIELD

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

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FORM (RF-3)

FEB 01 2011

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rates effective 02/01/2011.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	1,584,211	+0.40%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adoption of NCCI approved loss costs reference circular IL-2010-10 effective 02/01/2011. Change in installment fee from \$10 to "up to \$15".

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Carolina Casualty Insurance Company

Name of Company

Alana Salinas - Team Leader Underwriting Operations

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2011

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Comp</u>	<u>\$2,735,880</u>	<u>+0.4%</u>
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

na

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI's 01/11 loss costs from circular IL-2010-10.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

FILEDCentral Mutual Ins Co

Name of Company

MAR 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst

Official - Title

DEC - 3 2010

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$9,606,995	0.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Chartis Casualty Company

Name of Company

Walter Murphy

Filings Analyst

Official - Title

H29219D

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JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>-\$97,074</u>	<u>0.4%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Chartis Property Casualty Company

Name of Company

Walter Murphy

Filings Analyst

Official - Title

H29219D

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	583	-4.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Adoption of NCCI advisory loss costs and rating values effective January 1, 2011

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Colonial American Casualty and Surety Company

Name of Company

Nancy Hoppe, SVP and Chief Pricing Actuary

Official – Title

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JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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SUMMARY SHEETSTATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD
January 1, 2011

Change in Company's premium or rate level produced by rate revision effective

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$31,625,343	0.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.**Commerce and Industry
Insurance Company**

Name of Company

Walter Murphy

Filings Analyst

Official - Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

H29219D

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/2011.

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MAY 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$ 3,389,442	+0.48%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adopt NCCI loss costs dated effective January 1, 2011.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Continental Western Insurance Company

Name of Company

Anna Antonova, Actuarial Analyst I

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective January 1, 2011.

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$1,085,899	+0.4%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Cornhusker Casualty is adopting the advisory loss costs and
miscellaneous rating values promulgated by N.C.C.I., effective January 1st, 2011.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

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JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Cornhusker Casualty Company

Name of Company

Keith Engelbrecht, A.C.A.S. - Actuary

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/11

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	approx. \$100,000	0.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Filing to adopt the latest National Council on Compensation Insurance, Inc. (NCCI) loss costs contained in NCCI Filing Circular IL-2010-05
and approved in NCCI Approval Circular IL-2010-10.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Diamond State Insurance Company

Name of Company

George Seppel Vice President

Official – Title

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JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate effective January 1, 2011 _____.

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JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	635,537	0.3%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

EastGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance, Inc., effective January 1, 2011 per IL-2010-07, which reflects an overall increase of 1.5% for all policies effective on and after January 1, 2011

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

EastGUARD Insurance Company

Name of Company

Jolene Carey, State Filings Representative

Official - Title

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Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate
revision effective 1/1/11

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$863,601	0.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the NCCI Loss Costs IL-2010-10 maintaining current multipliers. We have an exception Minimum Premium of \$500 for code 9015.

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JAN 01 2011

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS
Employers Fire Insurance Company
Name of Company



Cheryl R. Turner, Assistant Vice President Workers
Compensation

Official -Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

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JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by rate revision
effective January 1, 2011.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other (Workers Compensation)	\$436,454	+1.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Adoption of NCCI's Voluntary Advisory Rates and Rating Values
effective January 1, 2011.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Explorer Insurance Company

Name of Company

Tammy Steinell, Sr. Filing Analyst

Official - Title

Change in Company's premium or rate level produced by rate revision effective January 1, 2011		
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Workers Compensation	\$1,801,192	0.9%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting the NCCI approval 1/1/2011 voluntary loss costs, for new and renewal policies.

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

FILED

JAN 01 2011

STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

Farmers Insurance Exchange
 Name of Company

James J. Gebhard

James J. Gebhard, FCAS, MAAA
 Actuary, Workers Compensation
 Official - Title

SUMMARY SHEET

DEC - 6 2010

FILED

Change in Company's premium or rate level produced by rate

revision effective January 1, 2011

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELDSTATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(1) Description of Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	11,503,499	-1.8%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of approved NCCI Circular IL-2010-10 Illinois-Voluntary Market-Advisory Rates, LossCosts, and Rating Values Effective January 1, 2011.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which
will result from application of new rates

Federated Mutual Ins. Co.

Name of Company

Greg Bangs ACAS, MAAA - Assoc. Actuary

Official - Title

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective January 1, 2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois) *</u>	(3) <u>Percent Change (+ or -) **</u>
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	916,847	-3.6%
<u>Line of Insurance</u>		

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of approved NCCI Circular IL-2010-10 Illinois-Voluntary Market-Advisory Rates, Loss

Costs, and Rating Values Effective January 1, 2011.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which
will result from application of new rates.

Federated Service Ins. Co.

Name of Company

Greg Bangs, ACAS, MAAA – Assoc. Actuary

Official – Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,372,978	0.4%
16. Other _____		
Line of Insurance		

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2010-05 and IL-2010-10

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Fireman's Fund Insurance Company

Name of Company

William S. PaukovitzSenior Vice President – Chief Compliance Officer

Official — Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 1-1-11

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other WC	816,925	3.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adopting NCCI 1/1/2011 Rates

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Graphic Arts Mutual Insurance Company
Name of Company

Dian Rousseau

- Assistant Vice President & Managing Actuary
Official - Title

RECEIVED

DEC - 3 2010

Form (RF-3)

SUMMARY SHEET**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD**

January 1, 2011

Change in Company's premium or rate level produced by rate revision effective

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$1,231,484	0.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.Granite State Insurance Company

Name of Company

Walter Murphy

Filings Analyst

Official - Title

H29219D

FILED

JAN 0 1 2011

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

ILLINOIS SUMMARY SHEET

FORM RF - 3

FILED

MAR 01 2011

Change in Company's premium or rate level produced by rate revision effective
3/1/2011STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$9,989,815	4.8%
16. Other		
(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption
of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2010-05 effective
Jan. 1, 2011. Our filing (IL10202CG000015) to be effective March 1, 2011.
Revised LCM to 1.60

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Great American Alliance Insurance Company
Name of Company

Donna Lansing, Product Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

FILED

MAR 01 2011

Change in Company's premium or rate level produced by rate revision effective:
3/1/2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$10,694	9.5%
16. Other		
(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption
of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2010-05 effective
Jan. 1, 2011. Our filing (IL10202CG00015) to be effective March 1, 2011.
Revised LCM to 1.69

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Great American Assurance Company

Name of Company

Donna Lansing, Product Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

FILED

MAR 01 2011

Change in Company's premium or rate level produced by rate revision effective:

3/1/2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(1)	(2)	Percent
Coverage	Annual Premium Volume (Illinois) *	Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,062	7.1%
16. Other _____ (Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2010-05 effective January 1, 2011. Our filing (IL10202CG00015) to be effective March 1, 2011.

Revised LCM to 1.78

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Great American Insurance Company

Name of Company

Donna Lansing, Product Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

FILED

MAR 01 2011

Change in Company's premium or rate level produced by rates effective:
3/1/2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(1) Coverage		(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$1,026,105	0.0%
16.	Other		
(Line of Insurance)			

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI Loss Costs, Rating Values and Retrospective Rating Values from NCCI Circular IL-2010-05 effective January 1, 2011. Our filing (IL10202CG000015) to be effective March 1, 2011.

Revised LCM to 1.78

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Great American Insurance Company of New York
Name of Company

Donna Lansing, Product Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1/1/2011 .

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	5,000,000	+10.1%
16. Other _____		
Line of Insurance		

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adoption of NCCI 1/1/2011 advisory loss cost

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Great Divide Ins. Company

Name of Company

Gloria Ivey

Regulatory & Product Line Mgm

Official — Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 6/01/2011.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$80.127	+4.8%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

FILED

JUN 01 2011

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

Filing is for the adoption of the National Council on Compensation

Insurance (NCCI) 1/1/11 rates without modification (IL-2010-10)

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Greater New York Mutual Insurance Company

Name of Company

John Moylan - VP Commercial Lines Underwriting

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-11

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	506,464	0.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adopt loss costs eff 1/1/2011

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Greenwich Insurance Company

Name of Company

Mark Stockbridge, Vice President

Official - Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>16.0 Workers' Compensation</u>	1,360,468	-1.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

We are adopting NMCCI loss cost outlined under IL-2010-10, with no changes to company LCM.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

GuideOne Elite Insurance

Name of Company

Scott Reddig, Chief Actuary & SVP

Official – Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 1/1/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>16.0 Workers' Compensation</u>	1,360,468	-1.0%
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

We are adopting NMCCI loss cost outlined under IL-2010-10, with no changes to company LCM.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

GuideOne Mutual Insurance

Name of Company

Scott Reddig, Chief Actuary & SVP

Official – Title

FILED

JAN 01 2011

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 05/01/2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$175,041,543	+1.3%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) See Filing Memorandum;
(Adopt 1/1/11 Advisory Rates)

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

INDEMNITY INSURANCE COMPANY of N. AMERICA
Name of Company

Steve Kreider – WC Associate Product Manager
Official — Title

FILED
MAY 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

DEC - 3 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$73,401,094	0.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Illinois National Insurance Co.

Name of Company

Walter Murphy

Filings Analyst

Official - Title

H29219D

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

DEC - 3 2010

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$30,028,190	0.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.The Insurance Company of the
State of Pennsylvania

Name of Company

Walter Murphy
Filings Analyst

Official - Title

H29219D

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2011.

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other (Workers Compensation)	\$4,857,574	+1.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI's Voluntary Advisory Rates and Rating Values
effective January 1, 2011.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Insurance Company of the West

Name of Company

Tammy Steinell, Sr. Filing Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$802,074	+6.3%
16. Other _____		
Line of Insurance		

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adoption of NCCI's Advisory Loss Costs, and Miscellaneous Values effective January 1, 2011. We are adopting a revisedMultiplier of 1.789.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Lumbermen's Underwriting Alliance

Name of Company

Donna Bauman – Govt. Affairs Senior Analyst


Official — Title

FORM (RF-3)
SUMMARY SHEETChange in Company's premium or rate level produced by rate
revision effective January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$3,403,106	0.8%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory
organization, specify organization): We are adopting the NCCI approval 1/1/2011 voluntary loss costs, for new
and renewal policies.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.Mid-Century Insurance Company
Name of Company

 James J. Gebhard, FCAS, MAAA
Actuary, Workers Compensation
 Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

FILED

FEB 01 2011

STATE OF ILLINOIS
DEPARTMENT OF FINANCE
SPRINGFIELD, ILLINOIS

Company's premium or rate level produced by rate revision

02/01/2011

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	11,469,582	+0.40%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adoption of NCCI approved loss costs reference circular IL-2010-10 effective 02/01/2011. Change in installment fee from \$10 to "up to \$15".

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Midwest Employers Casualty Company

Name of Company

Alana Salinas - Team Leader Underwriting Operations

Official - Title

Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

FILED

JAN 01 2011

Change in Company's premium or rate level produced by
effective January 1, 2011STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	13,141,892	0.0%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify:

Midwest Insurance Company will adopt the advisory rates effective January 1, 2011 with the following deviations:

Code 3507 +15%; codes 4130, 4307, 5188, 5445, 5537, 7580, 8044, 8107, 8835, 8864, 9102 +12%; Code 7228, 7229, 8292 +10%.

Brief description of filing. (If filing follows rates of an advisory

Organization, specify

organization):

NCCI - IL - 2010 - 10 Illinois - Voluntary Market - Approval of Advisory Rates,

Loss Costs, and Rating Values Effective January 1, 2011

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Midwest Insurance Company

Name of Company

Debi Barr-Holquist, Compliance Manager

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

FILED

FEB 01 2011

Change in Company's premium or rate level produced by rate revision

effective 02/01/2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	-16476	0.4%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Adoption of NCCI rate referenced in IL-2010-05 on 2/1/2011

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Milwaukee Casualty Insurance Company

Name of Company

Submitted by: James Shoenfelt, ACAS

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$2,077,848	+0.4%
16. Other _____		
Line of Insurance		

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

No _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adoption of NCCI Workers Compensation Loss Cost Reference Filing Number IL-2010-10, effective 01/01/2011. _____

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

National Interstate Insurance Company
Name of Company

Kathy Juhasz, Regulatory Compliance Spec.
Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$2,700,999	0.4%
16. Other		
Line of Insurance		

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2010-05 and IL-2010-10

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

National Surety Corporation

Name of Company

William S. PaukovitzSenior Vice President – Chief Compliance Officer

Official — Title

DEC - 3 2010

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$64,735,583	0.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

National Union Fire Insurance
Company of Pittsburgh, Pa.

Name of Company

Walter Murphy
Filings Analyst

Official - Title

FILED

JAN 01 2011

H29219D

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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Form (RF-3)

SUMMARY SHEET**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD**

January 1, 2011

Change in Company's premium or rate level produced by rate revision effective

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$50,449,932	0.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

New Hampshire Insurance Company

Name of Company

Walter Murphy

Filings Analyst

Official - Title

H29219D

FILED

JAN 01 2011

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective January 1, 2011.

(1) Coverage		(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	1,207,667	3.1%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

NorGUARD adopts the Advisory Rates as released by the
National Council on Compensation Insurance, inc., effective January 1, 2011 per IL-2010-07, which reflects an
overall increase of 1.5% for all policies effective on and after January 1, 2011.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

NorGUARD Insurance Company

Name of Company

Jolene Carey, State Filings Representative

Official - Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective January 1, 2011

	(1)	(2)	(3)
	<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>16.0 - Workers Compensation</u> Line of Insurance	<u>\$1,124,895</u>	<u>0.40%</u>

Does Filing only apply to certain territory (territories) or certain
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization):

Adoption of NCCI's Workers Compensation
Loss Costs Revision

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

FILED
JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Nova Casualty Company

Name of Company

Kevin Purcell, Vice President - IRC

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective January 1, 2011.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$409,564	+0.4%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory

Organization, specify
organization):

Oak River is adopting the advisory loss costs and
miscellaneous rating values promulgated by N.C.C.I., effective January 1st, 2011.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Oak River Insurance Company

Name of Company

Keith Engelbrecht, A.C.A.S. - Actuary

Official - Title

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DEC 16 2010

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate
revision effective 1/1/11

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$1,329,532	0.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of the NCCI Loss Costs IL-2010-10
maintaining current multipliers

FILED

JAN 01 2011

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

OneBeacon America Insurance Company

Name of Company



Cheryl R. Turner, Assistant Vice President Workers
Compensation

Official -Title

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Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate
revision effective 1/1/11

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$320,089</u>	<u>0.4%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of the NCCI Loss Costs IL-2010-10
maintaining current multipliers.

FILED

JAN 01 2011

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

OneBeacon Insurance Company
Name of Company

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS



Cheryl R. Turner, Assistant Vice President Workers
Compensation

Official -Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$5,084,525	+1.3%
16. Other _____		
Line of Insurance		

FILED**JAN 01 2011****STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization See Filing Memorandum:
Adopt 1/1/11 Advisory Rates

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

PACIFIC EMPLOYERS INSURANCE COMPANY
Name of CompanySteve Kreider – WC Associate Product Manager
Official — Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 3/01/2011 New & Renewal.

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MAR 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$41,778,341	+9.0%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adoption of NCCI advisory loss costs (1/01/2011) using loss cost
multiplier of 1.712 to arrive at final rates.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

PEKIN INSURANCE COMPANY

Name of Company

Edward A. Mulvey, Vice President of Underwriting

Official – Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1/1/11 .

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	13,780,145	+1.5%
16. Other _____		
Line of Insurance		

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

NCCI Rates

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Praetorian Insurance Company

Name of Company

Tina Knight - Analyst

Official — Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

FILED

SUMMARY SHEET

JAN 01 2011

Change in Company's premium or rate level produced by rate revision
effective January 1, 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	1,080,343.00	1.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adopt NCCI Advisory Rates, Loss Costs, and Rating Values

referenced in Circular #IL-2010-10 to be effective January 1, 2011

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Preferred Professional Insurance Company

Name of Company

Denise Hill, SVP, General Counsel, CCO

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$3,755,203	%+11.2
16. Other _____		
Line of Insurance		

FILED

JAN 01 2011

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Protective Insurance Company is a member of NCCI. We wish to adopt the approved advisory rates referenced in NCCI Circular IL-2010-10 and NCCI Item B-1420 without change.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Protective Insurance Company

Name of Company

Jeremy Jaynes - Compliance Analyst

Official — Title

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DEC 14 2010

FORM (RF-3)

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD**SUMMARY SHEET**Change in Company's premium or rate level produced by rate revision
effective 01/01/2011.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Comp	1,375,050	+0.4
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so,

specify: Adopting NCCI Circular IL-2010-10. We will not be amending our approved loss cost multiplier of 1.375 and expense constant of \$280.00Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISPublic Service Mutual Insurance Company

Name of Company

Steven Borbely - Assistant Manager, State Filings

Official - Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 1-1-11

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other WC	779,454	6.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: _____Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI 1/1/2011 Rates

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

 Republic-Franklin Insurance Company
 Name of Company

Dian Haussman

 - Assistant Vice President & Managing Actuary
 Official - Title

H29219D

FILED

JAN 01 2011

STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

INS00106

Change in Company's premium or rate level produced by rate revision effective 01/01/2011

	(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	<u>Coverage</u>		
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers	\$4,208,507	+1.5%
	Compensation 1/1		
	2009- 9/30/2009		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI Advisory WC Rates effective for Rockwood Casualty Insurance Company 01/01/2011

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISRockwood Casualty
Insurance Company - FED
TAX ID 25-1620138

Name of Company

Andra M. Snyder, Regulatory
Compliance Officer

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

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JAN 01 2011

Change in Company's premium or rate level produced by rate revision
effective January 1, 2011STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damag Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$7,749,068	+1.5

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: NA

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adopt Approved NCCI 1-1-2011 Advisory Rates and Rating Values

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

SeaBright Insurance Company

Name of Company

Jeff Wanamaker, Sr, V.P. Underwriting

Official -- Title



Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

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SUMMARY SHEET

FEB 01 2011

Change in Company's premium or rate level produced by
effective 02/01/2011.STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	1534216	0.4%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Adoption of NCCI rate referenced in IL-2010-05 on 2/1/2011

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Security National Insurance Company

Name of Company

Submitted by: James Shoenfelt, ACAS

Official - Title

FILED

JAN 01 2011

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective 01/01/2011

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>7217</u>	<u>0.4%</u>
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adopting Illinois - Voluntary Market - Advisory Rates and Rating Values as contained in circular IL-2010-10
Effective 01/01/2011

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Sompo Japan Fire & Marine Ins Co
Name of Company

Mary Lynn Teel, State Filings Analyst
Official - Title

H29219D

FILED

JAN 01 2011

Form (RF-3)

SUMMARY SHEET
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective 01/01/2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>1,747,864</u>	<u>0.4%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting Illinois - Voluntary Market - Advisory Rates and Rating Values as contained in circular IL-2010-10
Effective 01/01/2011

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Sompo Japan Ins Co of America
Name of Company

Mary Lynn Teel, State Filings Analyst
Official - Title

H29219D

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective New and Renewal 1-1-2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	143,644 (2009 DWP)	+1.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization):
National Council on Compensation Insurance, Inc. rate and rating value change.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Standard Mutual Insurance Company

Larry L. Boehm Name of CompanyLarry L. Boehm, Assistant Underwriting Manager
Official - Title**FILED**

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**RECEIVED**

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

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FEB 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by
effective 02/01/2011.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	5,966,068	+0.40%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adoption of NCCI approved loss costs reference circular IL-2010-10
effective 02/01/2011. Change in installment fee from \$10 to "up to \$15".

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

StarNet Insurance Company

Name of Company

Alana Salinas - Team Leader Underwriting Operations

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

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FORM (RF-3)

JAN 01 2011

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by rate revision
effective January 1, 2011.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers' Compensation</u>	<u>3,737,227</u>	<u>1.5%</u>
	<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: Filing applies to all standard classes

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Adoption of NCCI's new rates and Schedule Rating Plan

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

State National Insurance Company

Name of Company

David Christhlf AVP and Actuary

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

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FORM (RF-3)

JAN 01 2011

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by rate revision
effective 1/1/2011.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$343,000	+ 2.3%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: _____

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): _____
Adopting NCCI rates effective 1/1/2011.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Synergy Insurance Company

Name of Company

Dana F. Joseph, FCAS

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

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FEB 01 2011

Change in Company's premium or rate level produced by
effective 02/01/2011STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	33165804	1.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Adoption of NCCI rate referenced in IL-2010-05 on 2/1/2011

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Technology Insurance Company

Name of Company

Submitted by: James Shoenfelt, ACAS

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp.</u>	\$3,145,690	-4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No, it applies to all Loss Costs

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting New NCCI Loss Costs contained in circular IL-2010-10

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Tokio Marine & Nichido Fire Insurance Company., Ltd

Name of Company

Pamela Olson - Vice President

Official - Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp.</u>	\$1,148,389	-0.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No, it applies to all Loss Costs

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting New NCCI Loss Costs as contained in circular IL-2010-10

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Trans Pacific Insurance Company

Name of Company

Pamela Olson - Vice President

Official - Title

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JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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DEC 13 2010

FORM (RF-3)

SUMMARY SHEETSTATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELDChange in Company's premium or rate level produced by rate revision
effective 1/1/2011

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damag Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	753,760	-.2%
Life of Insurance		

FILED
JAN 01 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISDoes filing only apply to certain territory (territories) or certain
Classes? If so,
specify: NoBrief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): NCCI 1/1/2011 Loss Cost filing; NCCI State Filing Circular IL-2010-05

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.Triangle Insurance CompanyName of CompanyBret Wilson, Director Products and ComplianceOfficial - Title

Change in Company's premium or rate level produced by rate
revision effective January 1, 2011

(1)		(2)	(3)
Coverage		Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial		
14.	Crop Hail		
15.	Other		
	Workers Compensation	\$6,286,360	1.0%
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): We are adopting the NCCI approval 1/1/2011 voluntary loss costs, for new
and renewal policies.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Truck Insurance Exchange
Name of Company

James J. Gebhard

James J. Gebhard, FCAS, MAAA
Actuary, Workers Compensation
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$ 722,557	3.9%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Filing applies to all standard classes _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Adoption of NCCI's new rates by using our approved deviation of -10%. _____

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Ullico Casualty Company

Name of Company

David A. Christliff, AVP and Actuary
Official — Title**FILED**

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/11

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>approx. \$500,000</u>	<u>0.4%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Filing to adopt the latest National Council on Compensation Insurance, Inc. (NCCI) loss costs contained in NCCI Filing Circular IL-2010-05
and approved in NCCI Approval Circular IL-2010-10.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

United National Specialty Insurance Company

Name of Company

George Segall Vice President
Official - Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 1-1-11

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other WC	3,150,821	0.7%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adopting NCCI 1/1/2011 rates

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS
H29219D

Utica Mutual Insurance Company
Name of Company

Dian Pausseras

- Assistant Vice President & Managing Actuary
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-11.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$2,199,400</u>	<u>+0.4%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Adoption of NCCI Workers Compensation Loss Cost Reference Filing Number IL-2010-10, effective 01/01/2011.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Vanliner Insurance Company hereby submits for your approval our adoption of the new loss costs effective January 1, 2011. We are not proposing any change to our loss cost multiplier of 1.461.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

FILED

JAN 01 2011

Vanliner Insurance Company
Name of Company

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Kristy Lantz -- Compliance Specialist
Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

FILED

FEB 01 2011

Change in Company's premium or rate level produced by rate revision
effective 02/01/2011.STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	6287670	1.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Adoption of NCCI rate referenced in IL-2010-05 on 2/1/2011

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Wesco Insurance Company

Name of Company

Submitted by: James Shoenfelt, ACAS

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1 - 1 - 11 %

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	675,879	0.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adopt loss costs eff 1/1/2011

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

XL Insurance America, Inc.

Name of Company

Mark Stockbridge, Vice President

Official – Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-11

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	5,211,750	0.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adopt loss costs eff 1/1/2011

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

XL Specialty Insurance Company

Name of Company

Mark Stockbridge, Vice President

Official - Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	45,529,868	-1.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adoption of NCCI advisory loss costs and rating values effective January 1, 2011

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Zurich American Insurance Company

Name of Company

Nancy Hoppe, SVP and Chief Pricing Actuary

Official – Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	2,117,509	-0.8%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adoption of NCCI advisory loss costs and rating values effective January 1, 2011

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Zurich American Insurance Company of Illinois

Name of Company

Nancy Hoppe, SVP and Chief Pricing Actuary

Official – Title

FILED

JAN 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS